

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, Baltimore.

Permit No. A 311 Office of Registrar of Vital Statistics. Ward 13²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt McCalloch Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 2.3 Months, 23 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Infant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 105 Scott St.

Cause of Death, { First (Primary), Dysentery Second (Immediate), " }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11, 1887 H. Christian M. D.

Undertaker, Emst Schlomer Medical Attendant.

Place of Business, 1039 Hanover Address, 1821 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

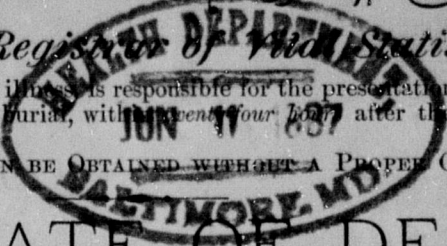
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 312 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, with ten days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 7 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas B. Delcher

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 10 Years, 11 Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, School Boy

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } John Falls Foot of State Street

Cause of Death, { First (Primary), Second (Immediate), } Accidental Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Bldg

Date of Burial, June 11 1887

Undertaker, Geo P Byrne Ed Hall Rutledge M. D. Medical Attendant

Place of Business, Front St Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 313

Office of Register of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Neal

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 11 Months, 18 Days.

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 206 W. Cross Street

Cause of Death, { First (Primary), Second (Immediate), } Mal Nutrition
Diarrhoea

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 11 / 87

Undertaker, Sorrell Handy James A. Stearns M. D.

Place of Business, 416 Cross St Address, Corn of H & E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. C. Seward S. J.

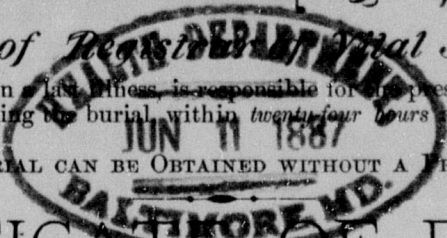
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 314 Office of Registration and Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phorbe Paine

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 Years, Nine Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Don't know

Duration of Residence in the City of Baltimore, About 37 years

Place of Death, { Give Street and Number. } 1606 Jefferson St.

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism with paralysis
Exhaustion

Duration of Last Sickness, Don't know

All the above information should be furnished by the Physician.

Place of Burial, W.C. Burial via Philadelphia

Date of Burial, June 13/87

Undertaker, Wm. S. Gray J. K. Melby M. D.

Place of Business, 301 W. Broadway Address 405 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, Cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to

Board of Health, City of Baltimore,

Permit No. A 315



OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis P. McFadden

Sex, ~~Male~~ ~~Female~~ { cross out the word not required in this line. } Male

Age, 42 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Stonecutter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 811 George

Cause of Death, { First, (Primary,) Bright's Disease
Second, (Immediate,) Pericardial Dropsy

Duration of last Sickness, About 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 13th 1887 Henry Chandler M. D.

Medical Attendant.

{ Undertaker, McCallister

{ Place of Business, 1019 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 316

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 10th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Harris

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

34 Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore,

20 yrs.

Place of Death,

{ Give Street and Number. }

332 Winder St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Typo malarial Fever
Peritonitis

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill Cem.

Date of Burial,

June 13th 1887

Undertaker,

Julius Kachler

Robert S. Lowe

M. D.

Medical Attendant.

Place of Business,

Sharp & Cross

Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

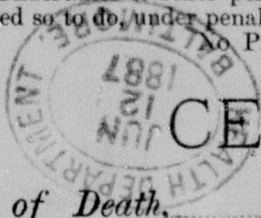
Permit No. *A 317*

Office of Registrar of Vital Statistics.

Ward *8*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *June 11, 1887*

Full Name of Deceased, *Anna Coroman*

Sex, *Male* or Female, *Female*

Age, *84* Years, *1* Months, *1* Days.

Color, *White*

Married, Single, Widow or *Widower*

Occupation, *None*

Birth Place, *Maryland*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, *31 North Av.*

Cause of Death, *Croupous Pneumonia*

Duration of Last Sickness, *About 4 days*

Place of Burial, *Friend's Grounds*

Date of Burial, *June 13th 1887*

Undertaker, *Stewart Mowen* *S. C. Atkinson* M. D.

Place of Business, *2154 217 Barton* Address, *605 Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

3/8

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 10th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benjamin Carter
Male

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

34

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Widower

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Page Co. Virginia

Duration of Residence in the City of Baltimore,

3 days

Place of Death,

{ Give Street and Number. }

City Hospital

Cause of Death,

{ First (Primary),

Second (Immediate),

Chronic Bright's Disease
Oedema Brain

Duration of Last Sickness,

About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Public

Date of Burial

June 12th

Undertaker,

Mrs. Richardson

Emment Le Stuart M. D.

Place of Business,

Health Dept

Res'd Physician
City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 319 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1887,
Full Name of Deceased, Geo W. Rollman,
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, Male,
{ Cross out the word not required in this line. }
Age, Years, Months, 5, Days
Color, White,
Married, Single, Widow or Widower,
{ Cross out the words not required in this line. }
Occupation,
Birth Place, Balt. City,
{ State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, Life,
Place of Death, 1622 Abbot st.,
{ Give Street and Number. }
Cause of Death, Tetanus Neonatorum
{ First (Primary), Second (Immediate), } Exhaustion
24 hours.
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.
Date of Burial, June 3rd 1887
Undertaker, A. Simpson Medical Attendant, Chas. B. Fisher M. D.
Place of Business, 915 N. Gay St. Address, 920 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 329 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1897

Full Name of Deceased, John E. Haulon

Sex, Male or Female, not named, give names of parents.

Age, 57 Years, Months, Days.

Color, white

Married, Single, Widow or Widower,

Occupation,

Birth Place,

Duration of Residence in the City of Baltimore, 34 years

Place of Death, 929 Valley St

Cause of Death, Macular jaundice
Exhaustion

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 13th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmount Ave

Address, 711 V. Street 4

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]